

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/585239</div>		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT						
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TOTAL DEP.	17	←		←		←					
TOTAL CLAIMS	20										
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT						
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TOTAL IND.		↓		↓		↓					
TOTAL DEP.		←		←		←					
TOTAL CLAIMS											

PTO - 1360 (REV. 11/04)

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